File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

IA ETHICS AND CAMPAIGN DISCLOSURE BD.

2009 NOV 12 AM 10: 14

FOR INSTRUCTIONS, SEE BACK OF FORM

# **DISCLOSURE SUMMARY PAGE**

	FORM					
	DR-2	DISCLOSURE				
	(Rev. 07/2007)	REPORT				
Political n PAC (	I	For Office Use Only				
	Comm.#	·				
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ble)	Scanned					
	Computer					

Citizens For Weaver IMPORTANT: Indicate by # type of committee you are reporting for: 6
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other P Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision 11 ) Local Ballot Issue CANDIDATE COMMITTEES ONLY: Political Party (if applica Candidate Name Ted Weaver Audited District (if Senate or House) Office Sought Clive City Council Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a 440-38201 TELEPHONE SIGNATURE OF PERSON FILING REPORT REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. I AM FILING A\_ Indicate by # ☐CHECK IF AMENDMENT TO REPORT DATED \_ Local Committees, enter Date of Election Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ......\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD 2,070.00 Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 220.19 Schedule F: Loans Received total (Attach Schedule F)..... 0.00 Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) 2,290.19 SUB-TOTAL.....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD 1,518.00 Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)...... 0.00 Schedule F: Loan Repayments total (Attach Schedule F)..... 772.19 CASH ON HAND at the end of this reporting period (if final report balance must be zero) ......\$ 796.54 \*\*UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ 550.00 \*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ......\$ \*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ 220.00 ✓ YES CONSULTANT BREAKDOWN (Schedule G Attached?) **CANDIDATE COMMITTEES ONLY:** VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Bac	k of	Form
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SCHEDULE A (Rev. 07/03)

MONETARY RECEIPTS

# CHECK THIS BOX IF

### CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATÉ	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER INCOME
8/21/09	ID# CK#	Lindt cossil 5500 Wishown Planythizs WDM, IA 50364		\$50	
3 bila	ID# CK#	5500 WISLOWN PROY #120 WDM, IA 500ld.		ර	
४ bəloq	ID# CK#	PAT Lee 5500 valoundly #120 Wan IA 50Hd		25	
3/22/04	ID# CK#	SATSOLIA DE SATSOLIA DE BILLIMS, MT 59104		loo	
8/22/09	CK#	1506 Truro 1506 Truro 1506 Truro 1506 Truro	·	25	
8/23/09	ID# CK#	Edmartinez 35 winn RAVL Noswall 6A 30144		Ool	
8/25/09		Stephene ASV OF SSED VESLOWN PROV #120 VAM, EN SOZGE		25	
866199	ID# CK#	Trings thubsteel gaos Hummonker Urbandale, IA 80333		50	
8/216	4	TIM LOCKART 5500 WATOWN ILZU WOM IA 500LL		50	
86716	ID# CK#	MIKE SMITH 5500 WASLOWN HIZO WAM IA 50264		50	
		TOTAL (if last pa	SUB-TOTAL	\$ 495	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule A)

For Instructions	, See	Back	of	<b>Form</b>
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#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
8/27/04	ID# CK#	Soon IA SOUL		\$ 25	
8/28/09		ber Whomeinde SE montana #109 Ungermy 5692	mother- in-LAW	50	
8 halon	ID# CK#	Hard GALSHAD SEMONTANA #139 Unger MN 57592		50	
869/09	CK#	Keith Elmquist auto Now 17thst Andray, EA		25	
8/30/09	ID# CK#	TIM Knop 5500 urday Prytton WOM, JA 502LL		25	
9/1/09	ID# CK#	JAKE SLANTON 5500 WASTOWN PLWY #120 WDM, IA 50266		100	
alila	ID# CK#	ANY South 676 44HST Drs Monrs It 50512		50	
9/1/09	ID#	Steve (chrol Basth 5500 wastown Planythiso worn, In 50266		25	
9/9/09	ID# CK#	KIGHAN FARMH SON POPLAR TER CANDON, BUR 30115		50	
alala	ID# CK#	TO A SANTIZO 9967 CAPTUS VINC OCIMULO, TL 32627		50	
		,	SUB-TOTAL	\$ 450	

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Page \_\_\_\_\_ of \_\_\_\_ (for Schedule A)

TOTAL (if last page of this schedule)

For Instructions	. See	Back	of	<b>Form</b>
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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
CHE	CK THIS BOX IF

AMENDING FORM

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
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1 / THE PAINS FOR WORK	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
9/14/59	ID# CK#	Whil Durch 116 whtson why Columb A, SC 29229 May oscash		* D5	
9/14/09	ID# CK#	1305 1704 AV1 66201 MN 56516		25	
9/14/09	CK#	MUYSELUTO 1231 TYMADI UIDANDAT, IA 50323		20	
abilog	ID# CK#	Dranischimberlan 2277 Centry Nub Blud Clive, Tot 52325		50	
9/21/09	CK#	DAVCSCOHT 1009 whithought AndriBan, SC		50	
9/2/09	ID# CK#	With Diss 1146 coolstrings Of Kennester 6A 30144		20	
9/00/0	CK#	Lersy Nelson 13365 110th Thickneyer FHIS MN 56701		10	
9/15/09	CK#	Tom weller QuB goth Livington, TX 77599	FARLES	100	
956	CK#	JANET KISTER BANK) PIANO, TX		50	
9/25/3	ID# CK#	CACUS BICDIFAAA BOOW WAS WA PVWY #120 WOM, IA 50066		50	
SUB-TOTAL  TOTAL (if last page of this schedule					

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of (for Schedule A)

For Instructions	, See Back	of	Form
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#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

COMMITTEE NAME (ME	ist be same as on S	tatement of Organization)	
Citiz	ins fol	WEAVE	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
9/30/09	ID# CK#	Jim Glose Gde Ardenwood 3+ Atlen TX Abbyrmiller 119 words+		* 25	
10/1/09	ID# CK#	Abby Willer My workst Des MOINES JA		25	
iolalog	ID# CK#	Scott When's 1644 NW 12200S+ Chur, IA 50325		100	
	ID# CK#	Chrish-lozano 1005 Dilandr Grass, to		25	
10/2/09 10/2/09 10/3/09	ID# CK#	DON WIZ 27055 M12+51 CINA, FA 52335		50	
lolsloca	CK#	CINI, FA 57335 Des moves assoc. of Maltus 1370 NUMBER #100 CINI, FA 50325		500	
	ID# CK#				
	CK#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	s 725	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page U of U (for Schedule A)

TOTAL (if last page of this schedule)

FOR INST	RUCTIONS,	SEE BAC	KOF	<b>FORM</b>

#### **EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

AALISTTEE MARKE	/	Ct-t-wast of Overseinstian
COMMITTEE NAME:	nnier na cama ac on	Statement of Utoanization
COMMITTIES INCIDE	must be sume as on	Statement of Organization

Citizens For Weaver

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/27/09	ID# CK#	U.S. Bank 3738 Westown Pkwy West Des Moines, IA 50266	Business Checks	\$ <sup>18.95</sup>
8/19/09	ID# CK#	U.S. Post Office 2135 NW 108th Clive, IA 50325	Postage	52.80
3/20/09	ID# CK#	U.S. Post Office 2135 NW 108th Clive, IA 50325	Postage	8.80
8/20/09	ID# CK#	Office Depot 3910 University Dr West Des Moines IA 50266	Supplies	55.10
9/25/09	ID# CK#	Office Depot 3910 University Dr West Des Moines IA 50266	Supplies	13.76
9/28/09	ID# CK#	Purcell Printing 2869 99th street Urbandale, IA 50322	Marketing Literature	467.90
10/2/09	ID# CK#	U.S. Post Office 2135 NW 108th Clive, IA 50325	Postage	17.60
10/6/09	ID# CK#	Purcell Printing 2869 99th street Urbandale, IA 50322	Yard Signs	874.64
			SUB-TOTAL TOTAL (if last page of this schedule)	\$ 1509.55 \$

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page 1	of <sup>2</sup>

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## **EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE

B MONETARY
(Rev. 07/03) EXPENDITURES

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

CHECK THIS BOX IF

Citizens Fo					AMOUNT
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURP (DESCRIBE TR		AMOUNT EXPENDED
10/13/09	ID# CK#	Office Depot 3910 University Dr West Des Moines, IA 50266	Supplies		\$ 8.45
	ID#				
	CK#				
	ID#				
	CK#				
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	CK#				
I				SUB-TOTAL	\$ 8.45
			TOTAL (if last pag	ge of this schedule)	\$ 1518

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	2		of	2			

COMMITTEE I	NAME (Must be same as on Statement of Organization) Weaver		(Rev. 08/98) INDE	
NOTE: Debts Sched	previously reported that remain unpaid must be included on this ule, as well as any new obligations incurred in this period.	Reset Form	IF AMENI FORM	DING
	LIGATIONS REMAINING THIS REPORTING PERIO NCLUDE LOANS SHOW LOANS ON SCHEDULE		An "incurred debt" is goods or services o received, but not pa end of the reporting regardless of wheth has been received.	rdered or id for by the period.,
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS SERVICES PROVIDED O PURCHASED	OR CLC REP PE	E OWED AT OSE OF ORTING RIOD*
10/30/09	Purcell Printing 2869 NW 108th Urbandale, IA 50322	Marketing Literature	465.0	8
		Mailing		4
11/6/09	Purcell Printing 2869 NW 108th Urbandale, IA 50322	waming	796.54	<del>,</del>

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD

1,261.62

1,261.62

SUB-TOTAL \$

"If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1 (for Schedule D)

#### CANDIDATE COMMITTEES NOTE:

\*incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

RINSTRUCTION	•		RESET	F	
MIMITTEE NAME	(Must be same as on Statement of Organization)			(Rev. 02/08)	LOANS RECEIVED
izens For Wea	ver			<del></del>	& REPAID
	le reports money loaned to the committee which is deposited		ount.		THIS BOX IF NG FORM
TAL UNPAID LO	ANS FROM <u>LAST</u> REPORTING PERIOD \$		L		
RTI - MONETA (Original :	RY LOANS RECEIVED <u>THIS</u> REPORTING PERIOD source of loan, such as a bank, must be shown if a third party	is involved. Include k	oans from candid	late's personal i	funds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (include Endorser's Name, if Applicable)		ΓΙΟΝSHIP ΤΟ ΓΕ (If Applicable*	AMOUNT (	OF LOAN
7/17/09	Ted Weaver 1408 NW 122nd St Clive, IA 50325	Car	ndidate	\$ 20	
8/19/09	Ted Weaver 1408 NW 122nd St Clive, IA 50325	Car	ndidate	200	
ARTII MONE	TARY I CAM REDAYMENTS MADE THIS REDORTING DEC	TOTAL (P.	ART I)	\$ 220	
ART II - MONE (Loans	TARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PER forgiven must be reported on Schedule E – In-kind Contributi NAME AND ADDRESS OF LENDER	(IOD ons.)	ART I)		REPAID
(Loans	forgiven must be reported on Schedule E – In-kind Contributi	(IOD ons.)		AMOUNT	REPAID
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(Loans	forgiven must be reported on Schedule E In-kind Contributi  NAME AND ADDRESS OF LENDER	(IOD ons.)	TIONSHIP TO	AMOUNT	REPAID
(Loans	forgiven must be reported on Schedule E In-kind Contributi  NAME AND ADDRESS OF LENDER	(IOD ons.)	TIONSHIP TO	AMOUNT	REPAID
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(Loans	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELA CANDIDA	TIONSHIP TO TE* (If Applicable	**************************************	REPAID
(Loans	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELA CANDIDA A CANDIDA CASH REPAYMENTS	TIONSHIP TO TE* (If Applicable  (PART II)	**************************************	REPAID

			RESET	G	BREAKDOWN OF MONETARY
	(Must be same as on Statement of O	rganization)		(Rev. 02/08)	EXPENDITURES BY CONSULTAN
itizens	s For Weaver				THIS BOX IF
					NG FORM
	ADDRESS OF CONSULTANT				
me of Consulta athan Trelo					
iling Address					
220 31st St	: #3 State	Zip Code			
ity Des Moines	IA	50311			
NET ACT DEDIC	OD (MM/DDWP)	TOTAL ANTICIPATED	COMPENSATION FOR PERFORM	IANCE	
07/27/09	אווטטאואן טכ	TO TAL ARTIOTRATED	OG III CHI ON I CHI ON I	4145	
rom 07/27/09 o 11/3/09		262			1
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TIMATES OF PE	RFORMANCE				
NTRACT (These DATE	BREAKDOWN OF UNREIMBURSED expenses should NOT be reported	on Schedule B, as the	CONSULTANT TO OTHERS IN P by are direct payment from the co	nsultant.)	1
NTRACT (These	BREAKDOWN OF UNREIMBURSED expenses should NOT be reported NAME AND ADDRESS TO WHO (Disbursement) WAS	on Schedule B, as the	CONSULTANT TO OTHERS IN P by are direct payment from the co	ERFORMING : nsultant.) AMO EXPEN	ТИС
NTRACT (These DATE EXPENDED	expenses should NOT be reported  NAME AND ADDRESS TO WHO	on Schedule B, as the	y are direct payment from the co	nsultant.) AMO	ТИС
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NTRACT (These DATE EXPENDED	expenses should NOT be reported  NAME AND ADDRESS TO WHO	ON SCHEDULE B, as the	PURPOSE	AMOLEXPENS \$	тис
DATE  EXPENDED	expenses should NOT be reported  NAME AND ADDRESS TO WHO	ON SCHEDULE B, as the	PURPOSE  SUB-TOTAL	AMOUNT STATE OF THE PROPERTY O	ТИС
DATE  EXPENDED	expenses should NOT be reported  NAME AND ADDRESS TO WHO	ON SCHEDULE B, as the	PURPOSE  SUB-TOTAL	**************************************	JNT JDED